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## BIB DATA SHEET

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**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 0208299 07/03/2002

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /MARYAM MONSHIPOUR/ Acknowledged	<input type="checkbox"/> Met after Allowance  Initials	FRANCE	4	30	2		

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 UNITED STATES

**TITLE**

Thrombin cleavable factor x analogues

FILING FEE RECEIVED 1930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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